

Exhibit X

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AFRAAZ R. IRANI,
vs.
PALMETTO HEALTH-RICHLAND

CASE: 3:14-CV-03577-CMC-KDW

COMMITTEE MEETING IN RE
TERMINATION OF DR. IRANI

Due to the quality of the recorded media, portions were unable to be transcribed. The transcript may also include misinterpreted words. The transcriber was not present at the time of the recording; therefore, this transcript should not be considered verbatim.

AUDIO RECORDING WAS TRANSCRIBED BY:
Sherri L. Jolley

Audio Transcription In Re Irani, M.D., Afraaz R. v. Palmetto Health

Committee Meeting - Termination of Dr. Irani

<p style="text-align: right;">Page 78</p> <p>1 UNIDENTIFIED FEMALE 3: You wrote that you went back 2 and wrote a note within 48 hours. 3 DR. IRANI: Right. 4 UNIDENTIFIED FEMALE 3: Do you think that was a 5 reasonable time period? 6 DR. IRANI: I think -- I evaluated the patient, but, 7 as I said, I think I -- I should've put it in right there. I 8 should've saw the patient and went on to it. 9 UNIDENTIFIED FEMALE 3: Have you admitted that to 10 anybody else? 11 DR. IRANI: Yeah. The very first time I met I think 12 I said, "Here's where I went wrong." In my initial meeting, I 13 think, you know, Dr. Koon said -- I admitted I made mistakes. 14 And this time I just said, "Yeah, I should've just written -- 15 stopped what I was doing right there, but I thought I'd bounce 16 back and do it again." But that was probably not the best move. 17 But I think the -- I did evaluate the patient and I put the 18 note in afterwards. 19 UNIDENTIFIED FEMALE 3: You do understand the 20 importance of that note? 21 DR. IRANI: Right. Yeah. 22 UNIDENTIFIED FEMALE 3: So they would argue that 23 they've tried to point this whole thing out to you and nothing 24 really changes. How would you respond to that sort of 25 accusation?</p>	<p style="text-align: right;">Page 79</p> <p>1 DR. IRANI: The accusation with response to the 2 hemophiliac patient? 3 UNIDENTIFIED FEMALE 3: Well, in general that notes 4 not completed on time or your H&Ps -- Dr. Walsh alluded to the 5 fact that repeatedly where he explained (unintelligible) -- 6 DR. IRANI: So -- so -- yeah. 7 UNIDENTIFIED FEMALE 3: -- missing. 8 DR. IRANI: So those are specific examples. And Dr. 9 Walsh himself admitted this. This was -- the last week of my 10 rotations was when he finally sat down and went over the H&Ps. 11 The H&Ps, there are very specific things about -- there's a 12 preoperative slip, and for a given surgery you've got to put 13 length of surgery, you've got to put what pre-op labs, what 14 equipment. 15 And I can do stuff -- like a carpal tunnel, I know 16 that. We've done a bunch of them. I know all the equipment; I 17 know all the time; I fill it in. But when it's something like a 18 tendon transfer, I fill out the name of the procedure. I don't 19 know how long it's -- because I've never done this before, so 20 I'll leave that blank. So there's skips. 21 And I asked the -- his secretary what to do, and she 22 just said, "Oh, Dr. Walsh fills in what you don't know at the 23 end." So what I would do is I'd fill in as much as I would 24 know. And that's why some of them would be complete -- carpal 25 tunnels, I can do that -- some of them are not complete. I</p>
<p style="text-align: right;">Page 80</p> <p>1 don't know what tray sets you do when you do a tendon transfer 2 and you do something else. 3 And, again, this conversation happened the last week 4 of my rotation with Dr. Walsh, and he actually -- I didn't know 5 -- there's one form that goes to the scheduler, one form goes to 6 Richland, one form goes here. Nobody explained that to me. And 7 he admitted himself that he never broke that down with me. 8 But once I think he explained it, I got some insight 9 into that. But I think that would explain the perception that I 10 was jumping around, was the fact that I would just fill in what 11 I knew in some cases and others I'd leave blank. And I was told 12 he'd fill them in at the end of the day. 13 UNIDENTIFIED MALE: So in issues of this magnitude 14 spanning this kind of time frame in a complicated business like 15 the one that we operate in, it's going to be impossible to be in 16 complete agreement -- 17 DR. IRANI: Sure. 18 UNIDENTIFIED MALE: -- on what happened. There's 19 pretty good documentation here of some issues. I would just 20 like to hear from you why you think we're here. What ultimately 21 led us to this day? 22 DR. IRANI: I -- you know, I think it's 23 (unintelligible). You know, I think initially there was 24 something and -- I had to make corrections at some point 25 (unintelligible) Dr. Koon likens. The spotlight is on you and</p>	<p style="text-align: right;">Page 81</p> <p>1 things snowball. 2 You know, when I first came here, it was a rocky 3 start, and I was new to the area. I think that the evaluation 4 that Dr. Koon laid out where (unintelligible) rough, and then at 5 the end of that evaluation it will say "He showed great 6 improvement by the end of it and was a great resident." 7 I think that pattern went through initially with my 8 intern year. And unfortunately when I got to orthopedics, I 9 wasn't -- it's -- I wasn't given the feedback or direction that 10 I came to expect. It was a different environment. I think Dr. 11 Koon became frustrated because I kept asking questions. I 12 wanted more, and perhaps maybe I do lack insight, but I was 13 never given the opportunity to gain that. 14 And I think at that point -- and, you know, I mean, 15 to be honest, Dr. Koon declared it was his personal vendetta 16 when I sent that e-mail. He was upset and he kept on 17 representing he would fire me on the spot. I think at that 18 point there was a very marked change in the tone, and it became 19 very personal, unfortunately. I think we got off on the wrong 20 foot, and oftentimes in surgery that's all it takes, 21 unfortunately. 22 I think I've made my mistakes. I'm not perfect. 23 But I think you can look at the remediation -- each of the 24 letters. If you notice, things aren't often repeated. The 25 showing up late, stuff like that, all that stuff --</p>